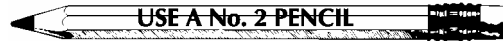


# Special Education Teacher Questionnaire A

Prepared for the U.S. Department of Education  
National Center for Education Statistics by:

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Use a #2 pencil to complete this questionnaire.



L  
A  
B  
E  
L

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 01/31/2009. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

# INTRODUCTION

Dear Special Education Teacher/Related Services Provider,

The **Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K)** is collecting information from the special education teachers/related service providers of sampled students who have Individual Education Programs (IEPs) to investigate the relationship between the students' achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with students with disabilities in this school.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

**THANK YOU VERY MUCH FOR YOUR HELP.**

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

## CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

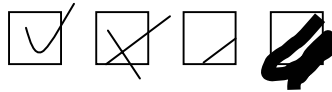
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### Correct Mark:



### Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



## PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this –  $\ominus$ , and do not write a seven with a line through it like this –  $\neq$ .

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith

1. **What is your gender? MARK ONE.**

- Male
- Female

2. **In what year were you born? WRITE IN YEAR BELOW.**

1 9   
ENTER YEAR

3. **Are you of Hispanic or Latino origin? MARK ONE RESPONSE ONLY.**

- Yes
- No

4. **Which best describes your race? MARK ALL THAT APPLY.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. **What is the highest level of education you have completed? MARK ONE RESPONSE ONLY.**

- High school diploma or GED
- Associate's degree
- Bachelor's degree
- At least one year of course work beyond a Bachelor's but not a graduate degree
- Master's degree
- Education specialist or professional diploma based on at least one year of course work past a Master's degree level
- Doctorate

6. **What is the highest level of education completed by your own parents? MARK ONE RESPONSE ONLY.**

- Did not complete high school
- High school diploma or GED
- Associate's degree
- Bachelor's degree
- At least one year of course work beyond a Bachelor's degree but not a graduate degree
- Master's degree
- Completed a PhD, MD, or other advanced professional degree
- Don't know

7. **Counting this school year, how many years in total (including part-time) have you worked in this school? WRITE IN THE NUMBER OF YEARS BELOW.**

YEARS

8. **Counting this school year, how many years (including part-time) have you been working with students receiving special education or related services? WRITE IN THE NUMBER OF YEARS BELOW.**

YEARS

9. **Counting this school year, how many years (including part-time) have you been teaching? WRITE IN THE NUMBER OF YEARS BELOW.**

YEARS

**10. Which of the following credentials, licenses, or certificates do you have for working with students with disabilities?**

**MARK ONE ON EACH ROW.**

	Yes	No
a. Emergency credential	<input type="checkbox"/>	<input type="checkbox"/>
b. Provisional or temporary credential	<input type="checkbox"/>	<input type="checkbox"/>
c. Disability-specific credential or endorsement	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education credential or endorsement (for more than one disability category)	<input type="checkbox"/>	<input type="checkbox"/>
e. General education credential	<input type="checkbox"/>	<input type="checkbox"/>
f. Speech/language state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical therapy license or certification	<input type="checkbox"/>	<input type="checkbox"/>
h. Occupational therapy license or certification	<input type="checkbox"/>	<input type="checkbox"/>
i. Certificate of Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>
j. Other professional license, credential, or endorsement (PLEASE SPECIFY) <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Don't have special education or other professional credential, endorsement or license	<input type="checkbox"/>	<input type="checkbox"/>

**11. Have you taken the following test?**

**MARK ONE RESPONSE ONLY.**

	Not taken	Taken and passed	Taken and have not yet passed	Taken and awaiting test results
a. An exam for National Board for Professional Teaching Standards certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. How many college courses have you completed in the following areas?**

**MARK ONE NUMBER ON EACH ROW.**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6+</b>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a second language (ESL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bilingual education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. General special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Deafness and hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Blindness and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Communication disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Infants and toddlers with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. School psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Which of the following best describes your current position in this school?  
MARK ONE RESPONSE ONLY.**

- Special education teacher
- Special education teacher consultant
- General education teacher
- Speech - language pathologist
- Physical therapist
- Physical therapy assistant or aide
- Occupational therapist
- Occupational therapy assistant or aide
- School psychologist
- Special education classroom aide
- Other (PLEASE SPECIFY)

**14. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? MARK ONE RESPONSE ONLY.**

- Regular full-time teacher/service provider
- Regular part-time teacher/service provider
- Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school)
- Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide
- Other (PLEASE SPECIFY)



**15. During this school year, where did you work with students with IEPs?**

**MARK ONE ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
a. In a general education classroom	<input type="checkbox"/>	<input type="checkbox"/>
b. In a special education classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. In a non-classroom space (office, therapy room, small work space, mobile van, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (PLEASE SPECIFY) <input style="width: 200px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I do not work directly with students who have IEPs	<input type="checkbox"/>	<input type="checkbox"/>

**16. Please indicate the extent to which you agree with each of the following statements on teaching.**

**MARK ONE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I really enjoy my present assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the students I work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my class size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I worry about the security of my job because of the performance of the students in my class(es) on state or local tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher and/or another special education teacher/service provider) **MARK ONE RESPONSE ONLY.**

- 1-10
- 11-20
- 21-40
- More than 40
- Don't know

18. Date questionnaire completed:

		2007
MONTH	DAY	YEAR

**THANK YOU FOR YOUR COOPERATION.**